Entered - 02/09/01 - sb CL 01L0106 - GWENDOLYN BURNS

CLAIM OF: KATHERINE I. LEE 1184 Briarvista Way, NE Atlanta, Georgia 30329 01- R-0795

For vehicular damages alleged to have been sustained as a result of a sanitary sewer construction cut in the roadway that was not properly covered and left in an unsafe condition on January 9, 2001 at North Avenue, NE & Somerset Terrace, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to KATHERINE I. LEE the sum of \$700.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of a sanitary sewer construction cut in the roadway that was not properly covered and left in an unsafe condition on January 9, 2001 at North Avenue, NE & Somerset Terrace, NE as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

bers Lowell

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

| Claim No. 01L0106 | Date: May 16, 2001 | | |
|--|---|--|--|
| | | | |
| Claimant /Victim KATHERINE I. LEE | | | |
| BY: (Atty) (Ins. Co.) | | | |
| Address: 1184 Briarvista Way, NE, Atlanta, Georgia | 30329 | | |
| Subrogation: Claim for Property damage \$ 700.00 | Bodily Injury \$ | | |
| Subrogation: Claim for Property damage \$_700.00\$ Date of Notice: Method: Written, P Conforms to Notice: O.C.G.A. \$36-33-5 X | roper X Improper | | |
| Conforms to Notice: O.C.G.A. §36-33-5 X | Ante Litem (6 Mo.) X | | |
| Date of Occurrence 1/9/01 Place: No | orth Avenue, NE & Somerset Terrace, NE | | |
| Department <u>PUBLIC WORKS</u> Division | Sewer Operations | | |
| Date of Occurrence 1/9/01 Place: No Department PUBLIC WORKS Division Employee involved Disciplinary Ac | tion: | | |
| NATURE OF CLAIM: Claimant's vehicle sustained damag | | | |
| site in the roadway that was left open and in an unsafe condit | OII. | | |
| INVESTIGATION: | | | |
| investigation: | | | |
| Statements: City employee X Claimant Otl | ners X Written Oral X | | |
| Statements: City employee X Claimant Other Pictures Reports: Police | Dept Report Other X | | |
| Traffic citations issued: City Driver Cla | imant Driver | | |
| Citation disposition: City Driver Clai | mant Driver | | |
| | | | |
| BASIS OF RECOMMENDATION: | | | |
| Function: Governmental Mini | sterial X | | |
| Function: Governmental Mini Improper Notice More than Six Months | Other Damages reasonable X | | |
| City not involved Offer rejected | Compromise settlement | | |
| Repair/replacement by Ins. CoRep | air/replacement by City Forces | | |
| Claimant Negligent City Negligent | oint Claim Abandoned | | |
| | | | |
| R | espectfully submitted, | | |
| | | | |
| | A was Ba | | |
| | Kulndoly Em | | |
| 1. | NVESTIGATOR - GWENDOLYN BURNS | | |
| RECOMMENDATION: | | | |
| Pay \$ 700.00 Adverse Account | t charged: 1A01 2J01_X2H01 | | |
| Claims Manager: //////////////////////////////////// | t charged: 1A012J01_X2H01 _Concur/date55-16-01 | | |
| | ncil Action | | |
| | MIAN 1 14MAN | | |

FORM 23-61

RE: CLAIM FOR DAMAG COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK Today's Date: Jan. 19,2001 City Hall 55 Trinity Avenue, S.W. 3-31805:45 (00) JAN 2 3 2001 Atlanta, Georgia 30335 ENTERED -2-9-01 - SB Dear Municipal Clerk: 01L0106 - GWEN BURNS This is to notify the City of Atlanta that I have suffered damages in the amount sum of S bodily injury for which I contend the City is liable. and/or \$ January 9,2001 2. Time of Incident: 6:00 p.m. 3. Police called: 1. Date of incident: (month/day/ year) Intersection of North and Somerset Location of incident (including street address): USAA (United Services Auto Assoc.) Policy No. 00284 65 00U Name of your insurance company: As I was driving home on a route I take daily, what felt to be a huge hole. There were no barrier signs to indicate a problem in the road—although I 6. State what and how incident occurred: signs to indicate a problem in the road-aithough I had noticed workers working on the street in that area the day before. I was able to continue driving, unaware that I had damaged something. The next morning I found In addition to that a bent wheel and a flat tire and that my hubcap was missing damage, my dealer, Dyer and Dyer Volvo, found a damaged roll bar. They said the right front tire was ruined and that I had to replace the two front tires so they would match. I chose to replace the two back tires, so they would also match. I am requesting reimmbrsement for two tires, a sway bar lknk, a wheel and associated labor. 7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Volvo 850 Your vehicle: (Tag Number) (Make) (Year) City vehicle: (Department/Bureau) (City Driver's Name) (Make) Unknown Witness: (Telephone Number) (Address) (Name)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

| I HEREBY SWEAR OR AFFIRM T | THAT THE ABOVE |
|----------------------------|----------------|
| INFORMATION IS TRUE AND CO | PRRECT. |

| Katherine | Inez | Les_ | | | |
|-------------------------|--------|------|--|--|--|
| (Print Claimant's Name) | | | | | |
| 1184 Briarvista Way NE | E | | | | |
| (Add | lress) | | | | |
| Atlanta, GA 30329 | | | | | |

(City, State and Zip Code)

404 215-7883

404 325-0562

(Work Number)

(Home Number)

GENERAL RELEASE AND INDEMNIFICATION

| CLAIM NUMBER 01L0106 | \$ | 700.00 | |
|--|---|--|--|
| | | | |
| IN CONSIDERATION of the sum of DOLLARS, to be paid by the CITY OF acknowledged, I do hereby, for myself, my he forever discharge said City, its officers and e causes of action, suits, damages, loss and exp of anything that has heretofore occurred, and which occurred on or about the 9th Avenue, NE & Somerset Terrace, NE | ATLANTA eirs, executor employees, from the benses, of what particularly | s, the future receipt of which is, administrators, and assigns, relom any and all claims, demands, atsoever kind or nature for or on for or on account of <u>vehicular</u> | s hereby lease and actions, account incident |
| It is further understood and agreed to considered as an admission on the part of the liability whatsoever and the undersigned further the City of Atlanta, its officers, agents, servar costs which the said City of Atlanta, its office to make as a result of the event hereinbefore | City, its office er covenants and employers, agents, se | ers, agents, servants or employee and agrees to indemnify and hold yees, from any and all claims, dan | es, of any harmless mages or |
| And I now state that the only consider the payment of the sum stated above; that no been made to or with me by said City or its a understand the meaning and intent of this ins | oother promingents to caustrument. | se or agreement of any kind or no se me to sign this release, and th | ature has nat I fully |
| WITNESS my hand and seal this | <u>'5</u> day of | may, 20 01 | |
| WITNESS my hand and seal this | Kat | terine I. Le | <u>e</u> |
| $ar{I}$ | ₋ Katherine I. | Lee | |
| | | | |
| The above release was read and explain our presence on the date above write | | signed by the said Katheri | ne I. |
| m our presence on the date above with | (| Llavne J. Mealors | |
| | | 25kmi | |
| | | WITNESSES | |